

U.S. Department of Justice
 United States Marshals Service

PROCESS RECEIPT AND RETURN
 See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Arcadio S. Acuna	COURT CASE NUMBER 3:07-5423 VRW
DEFENDANT Lea Ann Chrones et al.	TYPE OF PROCESS Order, Complaint, Summons

SERVE AT NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
 Richard Kirkland PBSP Former Acting Warden
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 California Prison Health Care Receivership Corp., 1731 Technology Drive, Suite 700, San Jose, CA 95110

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Arcadio S. Acuna ID # C-43165 Pelican Bay State Prison P.O. Box 7500 Crescent City, CA 95532	Number of process to be served with this Form 285 1
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: <i>Smone Volk</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER
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RECEIVED
 UNITED STATES MARSHAL SERVICE
 NORTH DAKOTA
 OF CALIFORNIA
 APR 21 4 11 PM '08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 11	District to Serve No. 11	Signature of Authorized USMS Deputy or Clerk <i>R. Garcia</i>	Date 4/24/08
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy

Service Fee \$8.00	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits \$	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS: 6/2/08 - marked answered w/299 Form

6/4/08 - As of this date, no Acknowledgment Recd

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Arcadio S. Acuna	COURT CASE NUMBER 3:07-5423 VRW 3:53
DEFENDANT Lea Ann Chrones et al.	TYPE OF PROCESS Order, Complaint, Summons

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Lea Ann Chrones CDCR
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
attn. : Marta VanLoon - Board of Parole Hearings P.O. Box 4036, Sacramento, CA 95812-4036

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Arcadio S. Acuna ID # C-43165
Pelican Bay State Prison
P.O. Box 7500
Crescent City, CA 95532

Number of process to be served with this Form 285 1

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

4/18/08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 11	District to Serve No. 97	Signature of Authorized USMS Deputy or Clerk R. Jones	Date 4/24/08
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date Time ☐ am ☐ pm

Signature of U.S. Marshal or Deputy

Service Fee \$8.00	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

5/1/08, mailed summons w/249 form

8/6/08 - no Acknowledgment Recd as of this date

PRINT 5 COPIES:

1. CLERK OF THE COURT
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5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED